

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 1821

Registered No. \_\_\_\_\_

## 1. PLACE OF BIRTH

County Gila State Arizona  
District or Township Peridot or Village \_\_\_\_\_  
City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Obed Dosela

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Male</u>	To be answered ONLY In event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>1/26/29.</u> Month Day Year
		5. No., in order of birth _____		

## 8. FATHER

Full name George Dosela9. Residence  
(Usual place of abode) Peridot,If non-resident, give place and state. Ariz.10. Color or race Apache4/4 Indian 11. Age at last birthday 50 (Years)12. Birthplace (city or place) Rice,(State or country) Ariz.

13. Occupation

Nature of industry Farmer

## 14. MOTHER

Full maiden name Bertha ?15. Residence  
(Usual place of abode) Peridot,If non-resident, give place and state. Ariz.16. Color or race Apache4/4 Indian 17. Age at last birthday 41 (Years)18. Birthplace (city or place) Rice,(State or country) Ariz.

19. Occupation

Nature of industry housewife

20. Number of children of this mother \_\_\_\_\_

(Taken as of time of birth of child herein  
certified and including this child.)

(a) Born alive and now living <u>9</u>	21. Were precautions taken against oph- thalmia neonatorum? <u>yes</u>
(b) Born alive but now dead <u>4</u>	
(c) Stillborn <u>6</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 10 AM m. on the date above stated.  
(Born alive or stillborn)

\* When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. A stillborn  
child is one that neither breathes nor  
shows other evidence of life after birth.

Signature \_\_\_\_\_

(Physician or midwife)

Given name added from  
a supplemental report \_\_\_\_\_Address San Carlos, Ariz.

Month, day, year

Filed \_\_\_\_\_, 19\_\_\_\_ C. H. Sawyer

Registrar

Registrar